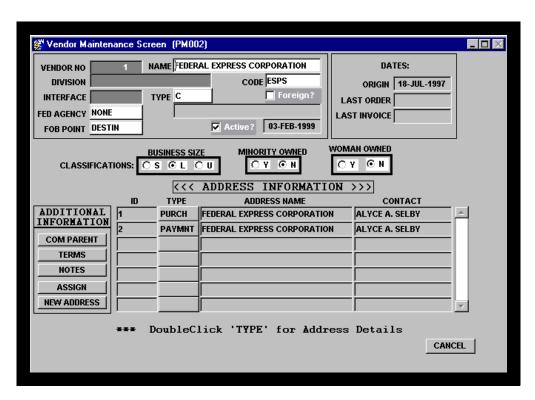
16. Set Up/Maintain Vendors

16.1	Introduction	This procedure describes how to setup and maintain accurate vendor data for purchasing and reporting disbursement purposes. The vendor data is entered via the CSPS Vendor Maintenance Screen (PM002).
16.2	Who Performs the Procedure	Designated finance and/or procurement personnel will be responsible for entering and maintaining vendor information.
16.3	Initiating the Process	Entering a vendor begins when procurement intends to make an award to a vendor that does not exist in the CFS vendor database. A Vendor Profile Form has been developed to facilitate gathering the necessary information from the prospective vendor. (See attachments #1 and #2, at the end of this section.) This information shall be obtained before the system will allow the vendor to receive an award. Procurement is responsible for obtaining the information for these vendors, who are not currently in the system, to whom Procurement award is pending.
16.4	Accessing the System	From the Main Menu, select Maintenance. From the Maintenance menu, select Procurement. From the Procurement menu, select PM002 - Vendors . Follow the steps below to complete PM002.

16.5 Creating a New Vendor This procedure describes the steps necessary to create a new vendor on PM002.

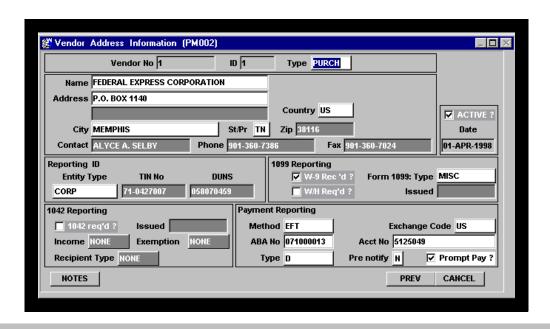


PM002 - Vendor Maintenance Screen

STEP	ACTION
1.	The VENDOR NO is a system generated field.
2.	Enter the Vendor name in the NAME field.
3.	In the DIVISION field, enter the relevant division, or leave blank.
4.	In the CODE field, enter the vendor s code:
	Note: Any combination of characters and digits may be entered here. Verify that the code being inputted does not exist for another vendor by executing a query on it.
5.	The INTERFACE field functionality is currently not used.

STEP	ACTION
6.	In the TYPE field, double click on the field or press enter to access a list of vendor size/type codes. Select the correct code from this list.
7.	In the FOREIGN field, indicate that a vendor is a foreign vendor by clicking the field using the mouse or by pressing the space bar. If the vendor is not a foreign vendor, tab through the field.
8.	If a vendor is a Federal Agency then double click in the FED AGENCY field, or press enter to access a list of Federal Agency Codes. Select the code which corresponds to the Federal Agency of this vendor, and if the vendor is not a Federal Agency, this field should be NONE.
9.	In the FOB field, enter either ORIGIN delivery at vendor s loading dock or DESTIN for delivery at destination (FOB shipping point/FOB destination). The entry will be determined by the point of title passage that is agreed to with the vendor. The field defaults to DESTIN.
10.	In the ACTIVE field, click on the field or press the space bar to insert a check and indicate that this vendor code is active and available for use.
11.	The ORIGIN , LAST ORDER and LAST INVOICE fields are all system generated.
12.	In the BUSINESS SIZE field, record the size of the vendor. Select S for small, L for Large, or U for unknown.
13.	The MINORITY OWNED field indicates if the business is minority owned. Select Y for yes or N for no.
14.	The WOMAN OWNED field indicates if the business is woman owned. Select Y for yes or N for no.
Additional I	nformation Block
15.	Click the COM PARENT field to enter information about a common parent.
	a. In the TIN field, type in the TIN number for the common parent, if applicable.
	b. In the NAME field, type in the name of the common parent, if applicable.

STEP	ACTION				
16.	Click the TERMS field to enter default payment terms for the vendor. Two sets of default payment terms can be established for each vendor				
	a. Tab through the NET DAYS field to select the default value of "30" days or enter a new value. Net payment terms are generally 30 days.				
	 In the DISCOUNT TYPE field: If the discount offered by the vendor is a percentage, click "PCT" in this field. Record the percentage in the adjacent field. If the discount offered by the vendor is a dollar amount, click "AMT" in this field. Record the dollar amount in the adjacent field. If no discount is offered, tab through these fields. 				
	c. To override the default in the W/IN DAYS field, enter the number of days in which the invoice has to be paid in order to take advantage of the discount.				
17.	In the NOTES field, type notes or comments about the vendor. When finished, click the "OK" button				
18.	Click the ASSIGN field to enter assignment information for the vendor.				
	a. Click on the field or press the space bar to insert a check in the ASSIGN ALL? field. This flag indicates that all payments must be made to assignee(s) such as the IRS. The specific assignment address can then be selected on the "Vendor Invoice Transaction Screen" (PM003). Otherwise, if this field is not checked, then all payment and assignment addresses will appear on PM003.				
	b. The DATE field will default to the current date when the ASSIGN ALL? box is checked. Modify the default date if necessary.				
	c. The ACCOUNT field is optional and can be used to enter an account number.				



New Address Screen 19. Click the NEW ADDRESS field to enter address information for the vendor. The system allows different types of addresses (e.g., purchasing, payment, and assignment addresses) to be established for each vendor. These addresses are distinguished by the address TYPE which can then be PURCH, PAYMNT, or ASSIGN. The system also allows more than one address of a certain type to be established (e.g., multiple addresses of type ASSIGN).

STEP	ACTION		
	As stated earlier, designated procurement personnel will be responsible for establishing both purchasing, payment, and assignment addresses for new procurement vendors. The steps below outline the process to enter an address of type PURCH. The exact same steps would then need to be repeated to enter an address of type PAYMNT or ASSIGN.		
	a. VENDOR NO and ID are system generated based upon the first page of PM002.		
	b. In the ADDRESS TYPE field, double click to access a list of valid address types. Choose the appropriate code for this vendor from the following list:		
	ASSIGN - Assignee Payment Address PAYMNT - Remit Payment Address PURCH - Purchasing Address		
	c. The NAME field value is automatically generated from the NAME field on the first window, but can be overridden.		
	d. In the ADDRESS fields, type in the vendor s address.		
	e. In the COUNTRY field, enter the code for the country of the vendor s address. Double click to access the list of valid codes.		
	f. In the ST/PR field, enter the code for the state or province of this vendor s address. Double click to access the list of valid codes.		
	Note: ST/PR must be entered before the CITY field.		
	g. In the CITY field, enter the name of the city of this vendor s address.		
	h. In the ZIP field, enter the zip code (up to 10 characters) of this vendor s address.		
	i. In the ACTIVE field, click on the field or press the space bar to insert a check and indicate that this vendor address is active and available for use.		

STEP		ACTION				
	i.	In the CONTACT field, enter the Point of Contact for this vendor.				
	j.		NE field, enter the phone number for this vendor. If the er is unavailable, leave this field blank.			
	k.	In the FAX field, enter the fax number for this vendor. If the fax number is unavailable, leave this field blank.				
	1.	In the ENTITY TYPE field, double click on the field to select from a list of valid entity type codes. Choose from the following:				
		AGRIC ASSOC BROKER CORP CUST FED INDIV JOINT PARTSH REV SOLEPR VALID	Account with Dept of Agriculture (State/Local) Association, Club, Religious, Charitable Broker or Registered Nominee Corporation Custodian Account of a Minor Federal Government Individual Joint Account (Two or More Individuals) Partnership Revocable Savings Trust Sole Proprietorship Valid Trust, Estate or Pension Trust			
	m.	If this vendo Number (TI	No field: or is a FED vendor type, leave this field blank. or is a type other than FED, enter the Tax Identification N). Note: If this vendor is a private citizen, the TIN is the social security number.			

STEP		ACTION				
	n.	In the DUNS field, type in the valid DUNS number for the vendor. The number must contain nine digits and pass a validation test that this is a valid DUNS number.				
	0.	In the W-9 RECV D field, press the space bar or click the box if a W-9 form has been received from this vendor. Otherwise, leave this field blank.				
	p.	In the W/H REQ D field, press the space bar or click the box if a 1099 withholding amount should be deducted from payments to this vendor. Otherwise, leave this field blank.				
		Note: 1099 witholding is made in two situations. 1) If a TIN No has not been supplied or 2) If IRS dictates that a witholding should be made. Currently, in the system witholding does not occur, but it will be in the future.				
	q.	In the FORM 1099 TYPE field, double click to access a list of valid codes indicating the type of 1099 to be issued for this vendor. Choose from the following:				
		DIV - 1099-DIV (Dividends) GOVT - 1099-G (Discharge of Indebted) INT1099 - INT (Interest Payments) MISC * - 1099-MISC (Miscellaneous) NONE - None Required RETIRE - 1099-R (Retirement Plan Distribution) Note: a 1099 Form is issued for a corporation or individual if services of				
		greater than \$600 have been rendered.				

STEP		ACTION		
		SUED field is automatically populated with the last date a Form 1099 sued to the vendor.		
	If the call of the	FORM 1042 fields: ountry code entered in the COUNTRY field above is "US," tab through the FORM 1042 fields up to and including RECIPIENT TYPE. Fields to 'N'.		
		country code entered in the COUNTRY field above is not "US," follow ctions (i) through (v) below: In the REQ field, enter a 'Y'.		
	(ii)	Tab through the ISSUED field. The last date that a Form 1042 was issued to a vendor will automatically appear in this field.		
	(iii)	In the FORM 1042 CODES: INCOME field, double click to select a valid code from the list of 1042 Income Codes.		
	(iv)	In the EXEMPTION field, double click to select a valid code from the list of exemptions.		
	(v)	In the RECIPIENT TYPE field, double click to select a valid code from the list of 1042 Recipient Types.		
	Note:	the 1042 Form is the equivalent of a 1099 Form for Foreign vendors.		
		PAY METHOD field, double click to access a list of valid payment d codes. Choose from the following:		
	CHEC EFT SF108	Electronic Funds Transfer		

STEP	ACTION				
	excha	EXCHANGE CODE field, double click to access a list of valid nge rates. Choose the appropriate exchange rate based upon the vendor led information.			
		payment method selected in the PAY METHOD field is <u>not</u> "EFT," skip ep w' below.			
		If the payment method selected in the PAY METHOD field is "EFT," follow the steps below:			
	(i)	In the ABA NO field, enter this vendor's bank ABA routing number for EFT transactions.			
	(ii)	In the TYPE field, double click to access a list of valid account types. Choose from the following:			
		D Demand Account (Checking or lockbox)S Savings Account			
	(iii)	In the PRE NOTIFY field, double click to access a list of valid values. Choose from the following:			
		N No Pre-notificationP Pre-notification.			
		Note: Currently due to system limitations, input 'N" into this field until told otherwise.			
	vendo	PROMPT PAY field, press the space bar or click the mouse if this or is subject to the terms of the Prompt Payment Act. Otherwise, this field blank.			
20.	Click the "PREV" button to return to Page 1.				
21.	Click the "Exit	"icon on the toolbar to exit out of this screen.			

ATTACHMENT # 1 **CAMS PAYMENT PROFILE FORM**



THE INFORMATION RECORDED ON THIS FORM WILL BE CONSIDERED PRIVACY INFORMATION FOR FINANCE USE ONLY.

Reason for completing form:

New Registratio	n Change to Existing Informat	ati on	
What type of Payee a	re you (select one):		
NOAA Corps En Federal Employe	aployee (Special Payment Instructions) aployee ee (Other than NOAA/BXA/NOAA Co	Indi vidual Contractor orps) Foreign Trainee	
Name and Home Mai			
Address line	e 1		
Address lin	e 2		
City			
State		ZIPFax	•
Work Phone	e	Fax	
Intern et E-N	Mail Address (If Applicable)		
making a reportable prederal income tax w	payment to you. If you fail or refuse to ithholding.	are required by law to obtain a Taxpayer Identific o provide us with this information, your payment	
Federal payments to	recipients who become eligible to recei	aly 26, 1996, mandates the use of Electronic Functive such payments. Federal agencies must grant account with a financial institution. Please sele	waivers for this mandate
EFT (Automate	d Clearing House Payments (ACH))	Check (must submit waiver in v	writing)
(The ACH Coordinat Bank Name	llowing financial information for EFT or at your financial institution can sup	pply you with this information)	
City	State_	Zip	
Nine Digit Routing/I	ransit Number (ABA#)		
Type of Account: (sel			
	4 NT 1		
		information which I have provided on this form	is correct.
Signature		Date	

<u>ATTACHMENT # 2</u> VENDOR PROFILE INFORMATION



The purpose of this form is to provide mandatory award and payment in formation for NOAA. This information is required as set forth in FAR 52.232-33, *Mandatory Information for Electronic Funds Transfer Payment*, the Debt Collection Improvement Act of 1996, and the Tax payer Relief Act of 1997. NOAA will use the information only for the purposes stated in the references cited above and will restrict access to the data to authorized personnel who will use it only for the specified purposes. Until this information is received, our payment office will not make any payments.

	licable)		
Division/subunit			
Acronym or shortened name_		(8 ch	naracters/digits or less)
What type of Vendor are you (select one):		
Small Disadvanta ged Bu	ısiness	Individual	
Other Small Business			Government - Hospital
Large Business			Local Government
JWOD Non-Profit Agen	•	Foreign Con	
Non-Profit Educational	Organization		ontractor Performing Outside US
Non-Profit Hospital		Tribal Gove	
Federal Government		HBC/U or M	
Oth er Non-Profit Organi		Private Univ	versity
State/Local Government	: - Educational		
DOC/NO AA customer accoun	t number	(i f an y)	
Foreign Corporation	Yes	No No	
Minority Owned and Operated	Business Yes	No	
Women Owned and Operated	Business Yes	No	
EIN (Corporation/partner # of parent compan		_	employees)
# of Division/subuni			
DUNS # (commercial vend	ors only)		
	TIN) is required by	law. If you fail to provide us	s with this information, your payments may
* The Taxpayer Identification Number (be subject to income tax withholding.			
be subject to income tax withholding.	TIN. (See Form W	/-9 Request for Taxpayer Ide	ntification Number & Certification, Specific
be subject to income tax withholding. Type of Entity/Account applicable to the Instructions Section). Select One: Broker or Registered Nominee	Corpor ation		Individual
be subject to income tax withholding. Type of Entity/Account applicable to the Instructions Section). Select One: Broker or Registered Nominee Partnership	Corpor ation Sole Propriete	orship	Individual Federal Government
be subject to income tax withholding. Type of Entity/Account applicable to the Instructions Section). Select One: Broker or Registered Nominee Partnership Revocable Savings Trust	Corpor ation Sole Propriete Custod ian Ac	orship ecount of a minor	Individual Federal Government Valid Trust, Estate, Pension
be subject to income tax withholding. Type of Entity/Account applicable to the Instructions Section). Select One: Broker or Registered Nominee Partnership Revocable Savings Trust Association, Club, Religious,	Corpor ation Sole Propriete Custod ian Ac Account with	orship ecount of a minor n the Dept of Agriculture	Individual Federal Government Valid Trust, Estate, Pension Trust
be subject to income tax withholding. Type of Entity/Account applicable to the Instructions Section). Select One: Broker or Registered Nominee Partnership Revocable Savings Trust	Corpor ation Sole Proprieto Custod ian Ac Account with in the name o	orship ecount of a minor	Individual Federal Government Valid Trust, Estate, Pension

Services Only_	Goods C	only Goods/Serv	ices		
ADDRESS: Indi	ividual/Business/O	rganization s sales addr	ess and noint of cont	act	
		gamzation's sales addi	_	act	
Address line 2	2				
City					
State	ZIP	Country			
Phone		CountryFax			
Internet E-mai	il address				
				_	
		nt than the sales address		low	
Name					
Address line 1)				
City	<u></u>				
City	710	Country			
Dhama	ZIP	CountryFax			
Internat E mai	:1 addmagg	гах			
miemei E-mai	ii address				
EI ECTDONI	C FUNDS TRA	NCEED (FET).			
			hausa of EET for all	Federal payments to recipients who b	coma aligibla
				ederal agencies may grant waivers for	
			office stating that they	do not have an account with a financ	ial institution.
Please select one	e of the following p	bayment methods:			
1 EET (A.		Harra Darmanta (ACH))		
		House Payments (ACH		-1	
		st for waiver in writing	to the Finance Office,	, along with this form)	
3 OPAC (Federal Agencies	oniy)			
If line 1 was abo	olrad abarra mlaag	amarrida tha fallarrina	Emanaial information	for EET marmants	
		e provide the following tancial institution can su			
(The ACH Cool	unator at your una	anciai institution can su	ppry you wrui tiirs iii	ormation)	
Financial Institu	tion Nama				
Address	ulon Name				
City		State	7in		
ACH Coordinate	or Name	State	Zip Phone		
	ing/Transit Numbe		r none		
		Π (ADAπ)			
Account Title					
Type of Account	t: (select one)				
Checking		•			
Savings		•			
Lockbox	Account Number				
LOCKOOA	11000ant Itanibel	·			
I certify that the	information which	n I have provided on thi	s form is correct.		
				Phone#	
Signature			Date	1 11011011	
~ -5.1					